

# Research Tips

From the Survey and Evaluation Research Laboratory  
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## *Men who have sex with men at high risk for HIV need special attention*

A survey conducted in early 1997 of Virginia men who have sex with men showed that such men who are at particularly high risk for HIV because of their unsafe sexual behavior present a constellation of issues that may require a case management approach rather than typical HIV/AIDS education to effect change in their behavior.

Eleven percent of 546 HIV negative or untested men who have sex with men surveyed between January and June 1997 reported having engaged in unprotected, receptive anal and oral sex during the three months prior to the survey. In all, 711 men were surveyed by the Survey and Evaluation Research Laboratory at Virginia Commonwealth University, on behalf of the Virginia HIV Community Planning Committee.

The measure of sexual behavior – based on the previous three months – may underestimate the number of men who fall into this high-risk category. Studies with longer time frames find higher numbers falling into high-risk categories.

The survey indicated that compared to men engaging in less risky behavior, these men were:

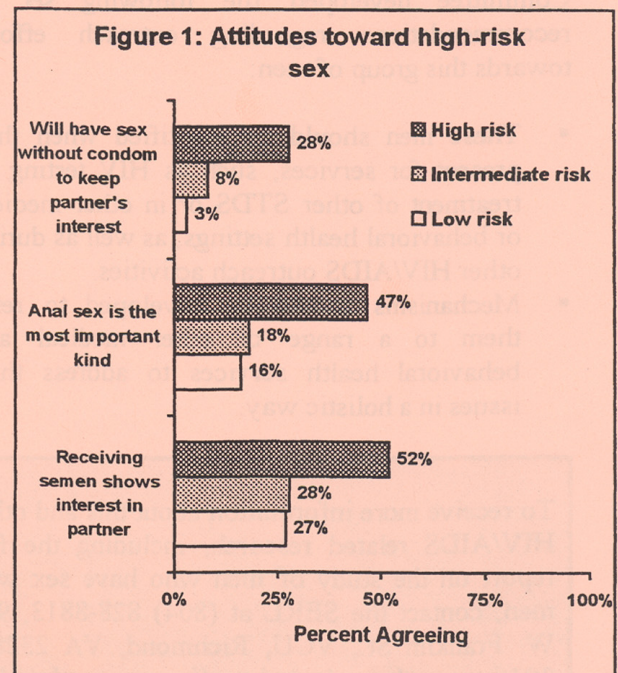
- less likely to have a plan for reducing risk,
- less likely to have changed their sexual behavior because of the AIDS epidemic,
- more likely to use alcohol and drugs in conjunction with sex, and
- more likely to have had suicidal thoughts.

In addition, they had:

- lower estimations of the risk of various sexual behaviors,
- unrealistic optimism about their own chances of contracting HIV, and
- higher frequencies of sexual and physical abuse in their backgrounds.

Their attitudes toward high-risk behaviors may predispose them towards risky behavior. Figure 1 shows that they are more likely to agree that:

- they will have sex without a condom to keep a partner's interest,
- anal sex is the most important kind of sex, and
- receiving a partner's semen is a way of showing interest in that partner.



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While the highest-risk men perceive their sexual behavior to be riskier than the other groups, they still do not perceive it to be particularly dangerous – 44 percent of the high-risk men characterized their chance of contracting HIV as low.

Alcohol and drug use in conjunction with sex are considered risk factors for HIV given their association with risk taking and reduction of inhibitions. Of the highest risk men,

- 29% said they usually or always use alcohol in conjunction with sex, compared to 12%-14% of the two lower risk groups.
- A third of the high-risk men said they sometimes, usually, or always use drugs other than alcohol prior to or during sex, compared to about half this for the lower risk groups.

Nearly 60% of the high-risk men report ever thinking about suicide. See Figure 2.

Forty percent of the high-risk group reports that they were sexually abused when they were children or teenagers, compared to 26% of the lowest risk group. A similar relationship exists for physical abuse.

### Recommendations

The Virginia HIV Community Planning Committee developed the following set of recommendations regarding outreach efforts towards this group of men:

- These men should be identified when they present for services, such as HIV testing or treatment of other STDs or in other medical or behavioral health settings, as well as during other HIV/AIDS outreach activities.
- Mechanisms should be developed to refer them to a range of other medical and behavioral health services to address their issues in a holistic way.

To receive more information about this and other HIV/AIDS related research, including the full report on the study of men who have sex with men, contact the SERL at (804) 828-8813, 921 W. Franklin St., VCU, Richmond, VA 23284-3016, or on the web at: <http://www.vcu.edu/srl>

### Data Collection

Data were gathered through a complex non-probability sampling process, including group, in-person, mail and telephone survey administration. Regional quotas were set based on estimates of the number of MSM living in these regions, given their urban, rural and suburban components.

Posters, information cards, Internet notices and advertisements encouraged toll-free telephone completion. Snowball techniques also were used, in which respondents passed questionnaires or information cards along to others in their social networks.

- AIDS education staff may need additional training in counseling, referral and communication to recognize these men and work with them effectively.
- Training in non-judgmental communication may be particularly necessary to get past defenses and avoid alienating them.
- For these men, sexual behavior may be a way of acting out emotional and psychological stress. Treatment of sex as simply a biological function that ignores its emotional and psychological components may in particular undermine prevention efforts with this group.

**Figure 2: Percent ever having thoughts of suicide**

